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CONFIRMATION NO. 5468

<b>SERIAL NUMBER</b> 10/038,509	<b>FILING OR 371(c) DATE</b> 01/03/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> P-HR 5214
<b>APPLICANTS</b> Terry J. Smith, Manhattan Beach, CA; William W. Cruikshank, Westford, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/046,651 10/19/2001 PAT 6,936,426 which is a CON of 09/684,601 10/06/2000 ABN <i>/ NMR 03/27/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE / NMR 03/27/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>None</i> Allowance <i>NMR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 41552				
<b>TITLE</b> Diagnosis and therapy of antibody-mediated inflammatory auto-immune disorders				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	